

Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

CE-2

COURSE APPROVAL REQUEST

Provider Name & Address:	Provider Number:
	Contact Person:
	Phone Number:
	800 Number:
	Fax Number:

Course Title: _____

	General Credit(s) requested (See Regulation 504 for General, Ethic, Long Term Care, and Flood Insurance Credit definitions.)
	Ethic Credit(s) requested
	Long Term Care Credit(s) requested
	Flood Insurance Credit(s) requested

Lines Requested		Method of Instruction	Course is:	Method to Determine Completion:
Agent <input type="checkbox"/> L/V <input type="checkbox"/> A/H <input type="checkbox"/> P/C <input type="checkbox"/> LTC <input type="checkbox"/> Flood	Adjuster <input type="checkbox"/> WC <input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> Bonds	<input type="checkbox"/> Classroom/Seminar <input type="checkbox"/> Correspondence <input type="checkbox"/> Video <input type="checkbox"/> Internet Based (OLT) <input type="checkbox"/> Other (explain):	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Revised <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Exam-monitored/closed book/affidavit <input type="checkbox"/> Exam-correspondence/open book <input type="checkbox"/> Sign in/out sheet(s) <input type="checkbox"/> Other (explain):
<input type="checkbox"/> Course is closed to the public <input type="checkbox"/> Course will not be offered again - given one time only Date(s) of Course: _____ <input type="checkbox"/> TBD: to be determined, you must file Form CE-3 at least 7 days prior to course date. Start Time: _____ End Time: _____ City/State _____ Location: _____ Primary Instructor(s): _____ Previously Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach instructor bio.)				

Name and signature of person authorized to sign Certificates of Completion (may add additional names on the reverse side):

Typed or Printed Name _____

Signature _____

Submitted by - Typed or Printed Name

Signature _____

Date _____

For Department Use Only:
 hour(s) approved including hour(s) for ethics courses. Date Reviewed: _____

☐ not approved for the following reason(s):
☐ Recruiting ☐ Sales/Marketing Oriented ☐ Prospecting ☐ Too Basic ☐ Does Not Relate ☐ Self-Motivational
☐ Other (explain): _____